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| PULBRIGHT &<br>666 FIFTH AVE<br>NEW YORK, NY   | JAWORSKI, IJ   |   |  |                                   |                     |  |  |
| CROMPTON, SE   |  | K   | Kathleen L. Boekley (Depositor's name)   |                                   |                     |  |  |
| 1221 Nicolle   |  | J   | Kattler & Bockley  |                                   |                     | (Signature)                              |  |
| Minneapolis,   | MN 55403-24  | N   | ovember 24,  | 2009                              |                     | (Date)                                   |  |
| APPLICATION NO   | FILING DATE  |   | FIRST NAMED INVENTOR   |                                   | ATTORNEY DOCKET NO. |  | CONFIRMATION NO.   |
| 10/822,697 04/13/2004  |  |   | Christopher A. Rowland BSX-201.7-CONT. 2925  |                                   |                     | 2925                                     |  |
| TITLE OF INVENTION: A  | APPARATUS FOR PE   | RFORMING DIAGNOS  | TIC AND THERAPEUTI   | E MODALITIES I                    | N THE               | BILIARY TREE                             |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FLE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSUE FEE              |                     | TOTAL FLE(S) DUE                         | DATE DUE   |
| nonprovisional   | NO   | \$1510  | \$300  | \$0                               |                     | \$1810                                   | 11/30/2009   |
| EXAMINER   |  | ART UNIT  | CLASS-SUBCLASS   | ]                                 |                     |  |  |
| MENDEZ, MA   |  | 604-022000  |  |                                   |                     |  |  |
| 1. Change of correspondence address or indication of "Pec Address" (37 CFR 1.56).  Change of correspondence address for Change of Correspondence Address from PTOGB 122) attached.  D'Pec Address' indication for "Pec Address' Indication form PTOSB47), New CB-27 or more recently attached. Use of a Castomer Number is required.   |  |   | 2. For printing on the patient from page, list (1) the ament of up to 3 registered patient automoty to 2 patient of the control of the contro |                                   |                     |  |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Likes a easigne is identified below, no assigned that will appear on the patent. If an assigner is identified below, the document has been frecordation as set forth in 37 CFR 3.11. Completion of this form if NOT a subtilisate for filling all assignment.  (A) NAME OF ASSIGNEE  Boston Scientific Scimed, Inc.  Maple Grove, Minneacta  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group enably Corporation or other private group castly Corporation. |  |   |  |                                   |                     |  | _  |
|  |  |   | Ib. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above)   A check is enclosed.   Psyment by credit card. Form PTO-2038 is attached.   Psyment by credit card. Form PTO-2038 is attached.   Bright is needly authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _ 50-0413 _ (enclose an extra copy of this form).   |                                   |                     |  |  |
| a. Applicant claims S  NOTE: The Issue Fee and I interest as shown by the rec  Authorized Signature  | MALL ENTITY state<br>publication Fee (if req<br>ordy of the United Sta             | is. See 37 CFR 1.27.  | h. Applicant is no lon<br>d from a one other than to<br>c Office   |                                   |                     |  |  |
| Typed or printed name _  |  | mpton   | /  | Registration N                    | 10                  | 36,772                                   |  |
| This collection of informati<br>an application. Confidential<br>submitting the completed<br>this form and/or suggestion<br>Box 1450, Alexandria, Viry<br>Alexandria, Virginia 22313<br>Under the Paperwork Redui   | pplication form to the<br>is for reducing this bu<br>ginia 22313-1450. DO<br>-1450 | rden, should be sent to the<br>NOT SEND FEES OR   | depending upon the indivi-<br>ie Chief Information Office<br>COMPLETED FORMS TO  | r U.S. Patent and<br>THIS ADDRESS | Tradem<br>S. SENI   | ark Office, U.S. Dep<br>TO: Commissioner | ne you require to complete<br>utment of Commerce, P.O.<br>for Patents, P.O. Box 1450 |